

Given the concerns expressed by patients about having sex whilst warts were present, there is a risk that the presence of genital warts may detrimentally affect the sexual activity of patients. This may be exacerbated by the requirement of long term condom use which are a constant reminder of warts.

The future concerns include the fear of recurrences, for women the need for annual cytological examinations, the risks of transmission, long term condom use and coping with sexual relationships. These all serve as a constant reminder to patients which reinforce negative feelings.

GUM staff need to be alerted to the psychological implications for patients and not to trivialise the effect of the negative feelings. Patients need good and appropriate counselling to help overcome negative emotions.

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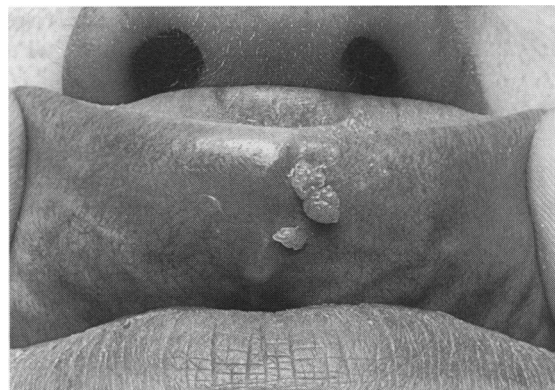
### Warts in the oral cavity

The incidence of oral warts and their simultaneous occurrence and recurrence with genital warts is not known. A review of the literature implies that this entity (oral and concurrent genital warts) is rare. However, it is more likely that it is only rarely reported. This case report serves as a reminder to readers that oro-genital and oro-anal sex increase the anatomical sites of sexually transmitted diseases and risk of oral infections.

This is the case history of a 26 year old Caucasian man who attended the genitourinary medicine clinic in our Hospital, complaining of "warts" on his penis and lips for the past six months. He admitted to having one regular female sexual partner with whom he had both oral and vaginal sex regularly.

A genital examination revealed two small warts, one on the ventral surface and the other on the dorsal surface of the shaft of the penis. Careful inspection of his oral cavity showed two discrete papillomatous warty growths protruding from his upper inner lip (vide photograph). The warts were non-tender and surrounded by normal mucosa. There were no other abnormalities of the oral cavity noted. The remainder of his skin was examined and appeared normal.

Apart from having a positive test for chlamydia, the other routine screening tests for sexually transmitted diseases were nega-



tive. The possibility of HIV testing was discussed. However, the patient did not wish to have this test performed.

The penile warts responded to podophyllin therapy. The warts on the lip were treated using cryocautery. The chlamydia infection was treated with a course of oral tetracyclines.

Genital warts are caused by the human papilloma virus (HPV). In 1901, Heidingsfield reported the case of a 24 year old "puella publica" who was suspected of acquiring genital warts of the tongue as a result of "coitus illegitimus".<sup>1</sup> Although the pejorative terms used to describe the above occurrence have long been abandoned, the genital to oral route of transmission was probably the same as that postulated for this patient. Heidingsfield performed detailed histological studies of the wart specimens from both the tongue and labia of his patient and concluded that "Condylomata acuminata" of the lips conforms not only in clinical character but also in histological structure to Condylomata acuminata of the genital location.

Oral transmission of HPV from genital warts has not been clearly determined but it appears that most mucous membranes of the oral cavity may be susceptible. Condylomata acuminata has been reported to involve the mucosa of the gingiva,<sup>2,3</sup> cheeks,<sup>3,5</sup> hard palate<sup>3</sup> and tongue.<sup>1,3,6</sup> Uncommon sites for wart infection are more likely to occur in immuno-compromised states such as seen in HIV patients.

This case serves to remind us that we should always examine the oral cavity carefully in those patients who admit to having oral sex.

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